2009 Real Estate Withholding Tax Statement

593

AMENDED:			Co	ру А	FOR FRANCHISE TAX BOARD
Part I Withholdin	ng Agent	FTB Use Only: Total Payment Enclosed:	. ,	1 1	00
Name				SSN or I	TIN
				1 1	T . T
Business Name				FEIN or	CA Corp no.
Address (including su	ite, room, PO Box, or PMB no.)				
City			State	ZIP Cod	<u> </u>
Oity			Otato	211 000	_
Seller or Transferor					
Name				SSN or I	TIN
Spouse/RDP Name o	r Business Name			Spouse's	s/RDP's SSN or ITIN
					T . T
Address (including ap	t./suite, room, PO Box, or PMB no.)			FEIN or	CA Corp no.
City			State	ZIP Code	е
Address (or parcel nu	mber and county) of the CA real property transferred				
	r Exchange Information	O. YI.			
	nge Number			•1	
	Exchange Completion, Exchange Failure, or Installi	ment Payment		• 2	M / DD / YYYY
- · · · <u> · · · · · · · · · · · · · ·</u>	on (Check One Only):			IVI	IVI / DD / TTTT
B Installmen	nal Sale or Transfer It Sale Payment C Boot	D Failed Exchange			
	ulation (Check One Only):	D E Falled Exchange			
Total Sales Price					
	0333) x Total Sales Price (See instructions. Signat	ure not required below)			
	Sale Election (Signature required below)				
·—		oration 1.5% x Gain on Sale			
C Corporation	on 8.84% x Gain on Sale F 🔲 Financ	ial S Corporation 3.5% x Gain on Sale			
	Financial Corp. 10.84% x Gain on Sale				
5. Amount Withheld	from this Seller			, ,	00
		f paying by EFT mail to:			
FRANCHISE TA PO BOX 94286		FRANCHISE TAX BOARD PO BOX 942867			
SACRAMENTO		SACRAMENTO CA 94267-8888			
Part III Perjury	Statement – Signature is required when t	he Optional Gain on Sale is elected above			
	rsons, and exchange accommodators are not author transferors , are st <mark>i</mark> ongly encouraged to consult with		ses of d	eterminin	g withholding
	erjury L hereby certify that the information provide w relevant escrow documents to ensure withholdir ales price.				
	Seller's Signature:		Date	:	
It is unlawful to forge a spouse's/RDP's signature.	Spouse's/RDP's Signature:		Date	:	
orginaturo.	Preparer's Name and Title/Escrow Business	s Name _x	Telep	hone Nu	mber:
			()	

TAXABLE YEAR

2009 Real Estate Withholding Tax Statement

593

AMENDED: This is important tax information and is being furnished to the Franchise Tax Board. File this form with your California tax return.		Сор	Copy B FOR SELLER OR TRANSFEROR	
Part I Withholdi	ng Agent	FTB Use Only: Total Payment Enclosed:		00
Name				SSN or ITIN
Business Name			F	EIN or CA Corp no.
Address (including su	uite, room, PO Box, or PMB no.)			
City			State 2	ZIP Code
				_
Seller or Transferor				
Name			5	SSN or ITIN
Spouse/RDP Name of	or Business Name		5	Spouse's/RDP's SSN or ITIN
Address (including an	ot./suite, room, PO Box, or PMB no.)			EIN or CA Corp no.
/ taar ooo (o.aag ap	200, 60. 1			Zint of the delip file.
City			State 2	IP Code
Address (or parcel nu	ımber and county) of the CA real property transi	ferred		
Part II Escrow o	r Exchange Information	-() \ \		
1. Escrow or Exchai	nge Number			1
	Exchange Completion, Exchange Failure, or	Installment Payment		2
	on (Check One Only): •			MM / DD / YYYY
· · · · · · · · · · · · · · · · · · ·	onal Sale or Transfer	· ()		
B Installmer	nt Sale Payment C 🔲 Boot	D Failed Exchange		
4. Withholding Calc	ulation (Check One Only):			
Total Sales Price				
	.0333) x Total Sales Price (See instructions.	Signature not required below)		
·—	n Sale Election (Signature required below)			
		S Corporation 1.5% x Gain on Sale		
		Financial S Corporation 3.5% x Gain on Sale		
	Financial Corp. 10.84% x Gain on Sale		-	00
5. Amount Withheld	rm and payment to:	If paying by EFT mail to:	5	00
FRANCHISE T		FRANCHISE TAX BOARD		
PO BOX 94286	67	PO BOX 942867		
-	CA 94267-0651	SACRAMENTO CA 94267-8888		
		when the Optional Gain on Sale is elected a		
Title and escrow pe amou <mark>nts. Sellers or</mark>	rsons, and exchange accommodators are not rtransferors, are stron <mark>g</mark> ly encouraged to consi	authorized to provide legal or accounting advice for ult with a competent tax professional for this purpos	r purposes of det e.	ermining withholding
Under penalties of po Tax Board may revie 3 1/3% of the total s	w relevant escrow documents to ensure with	provided above is, to the best of my knowledge, tru hholding compliance. I understand that if this form	e and correct. I u is not signed, th	inderstand that the Franchise e withholding amount will be
	Seller's Signature:		Date: _	
It is unlawful to forge a spouse's/RDP's signature.	Spouse's/RDP's Signature:		Date: _	
	Preparer's Name and Title/Escrow Bu	siness Name:	Telepho	one Number:
			()
			·	

TAXABLE YEAR CALIFORNIA FORM

2009 Real Estate Withholding Tax Statement

593

AMENDED: □			Copy C FOR WITHHOLDING AGENT'S RECORDS
Part I Withholdi	ng Agent	FTB Use Only: Total Payment Enclosed:	00
Name			SSN or ITIN
Business Name			FEIN or CA Corp no.
Address (including su	ite, room, PO Box, or PMB no.)		
City			State ZIP Code
Seller or Transferor			
Name		X	SSN or ITIN
Spouse/RDP Name of	r Business Name		Spouse's/RDP's SSN or ITIN
Address (including ap	t./suite, room, PO Box, or PMB no.)		FEIN or CA Corp no.
City			State ZIP Code
Address (or parcel nu	mber and county) of the CA real property transferred		
 Escrow or Exchai Date of Transfer, Type of Transacti A	ulation (Check One Only): • Method 0333) x Total Sales Price (See instructions. Signal Sale Election (Signature required below) 9.3% x Gain on Sale on 8.84% x Gain on Sale Financial Corp. 10.84% x Gain on Sale I from this Seller orm and payment to: AX BOARD 67 CA 94267-0651	D Failed Exchange	•1 •2 MM / DD / YYYY
		rized to provide legal or accounting advice for purpose	es of determining withholding
amoun <mark>ts. Sellers or</mark>	transferors, are strongly encouraged to consult with	h a competent tax professional for this purpose.	
Under penalties of per Tax Board may review 3 1/3% of the total s	w relevant escrow documents to ensure withholdi	ed above is, to the best of my knowledge, true and co ng compliance. I understand that if this form is not s	rrect. I understand that the Franchise igned, the withholding amount will be
	Seller's Signature:		Date:
It is unlawful to forge a spouse's/RDP's signature.	Spouse's/RDP's Signature:		Date:
	Preparer's Name and Title/Escrow Busines	s Name:	Telephone Number: